



# Minnesota Defense Lawyers Association Application for Membership

Name and ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Law Firm/Employer (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

(By providing a fax and e-mail address, you are agreeing to receive fax or e-mails communications from the association that may contain a message of a commercial nature.)

Legislative District (Home): \_\_\_\_\_ (If unknown, go to [www.house.leg.state.mn.us](http://www.house.leg.state.mn.us) or call 651-296-2146)

- Member of the Bar (1-5 years) - \$150     Member of the Bar (5+ years) - \$210  
 First time Members (1 year waived) - \$0     Retired - \$30     Law Student - \$20

I, \_\_\_\_\_, do hereby apply for membership in the Minnesota Defense Lawyers Association and do hereby certify that: (initial appropriate line)

\_\_\_\_\_ I am an attorney primarily involved in the defense of civil actions in the State of Minnesota, or

\_\_\_\_\_ I am a law student interested in working in the defense of civil actions not clerking or providing other services (e.g., investigator, runner) in a law firm predominately devoted to plaintiffs' work and/or the MNAJ.

Admitted to practice: Month \_\_\_\_\_ Year \_\_\_\_\_ Current member of DRI: Yes \_\_\_ No \_\_\_

Areas of practice and specialization, (or areas of interest if law student applicant):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ADR              | <input type="checkbox"/> Employment                   | <input type="checkbox"/> Products Liability     |
| <input type="checkbox"/> Appellate        | <input type="checkbox"/> Environmental                | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Auto: No Fault   | <input type="checkbox"/> General Litigation           | <input type="checkbox"/> Subrogation            |
| <input type="checkbox"/> Commercial       | <input type="checkbox"/> Governmental Liability       | <input type="checkbox"/> Workers' Compensation  |
| <input type="checkbox"/> Construction Law | <input type="checkbox"/> Insurance Coverage           | <input type="checkbox"/> Medical Malpractice    |
| <input type="checkbox"/> Dram Shop        | <input type="checkbox"/> Other (please specify) _____ |   |

Check (made payable to MDLA)     VISA     MasterCard     American Express

**Note: If you are paying via credit card, the following fields are mandatory.**

Name (as it appears on card): \_\_\_\_\_ Cardholder Phone: \_\_\_\_\_

Cardholder Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

I agree to abide by the bylaws of the Minnesota Defense Lawyers Association.

Date: \_\_\_\_\_ Signed \_\_\_\_\_

Send check payable to:  
MDLA  
1000 Westgate Drive, Suite 252  
St. Paul, MN 55114  
Phone: (651) 290-6293  
Fax: (651) 290-2266  
[info@mdla.org](mailto:info@mdla.org)

Please Note: MDLA has taken the appropriate steps to maintain PCI compliance. In order to protect your privacy, please do not email your credit card information to our office.  
MDLA is exempt from Federal taxation under IRC 501(c)(6) As a result, membership dues are not tax deductible as a charitable contribution; they may not be deductible as a business expense.

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		